

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012305

STATE FILE NUMBER

Registrar's No. 213

FILED MAY 11 1959

Registration District No. 38

Primary Registration District No. 3006

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Boone</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Boone</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Columbia</i>		c. CITY OR TOWN <i>Columbia</i> ⁰¹⁰⁵	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>503 N. 4th St.</i>		d. STREET ADDRESS (If outside, give location) <i>503 N. 4th St.</i>	
Length of stay in lb <i>3 yr.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>HENRY</i> Middle <i>E.</i> Last <i>PORTER</i>		4. DATE OF DEATH Month <i>MAY</i> Day <i>5</i> Year <i>1959</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>negro</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>march 15-1904</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		11. BIRTHPLACE (City and state or country) <i>Martin, Tenn.</i>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13a. FATHER'S NAME <i>She porter</i>		13b. MOTHER'S MAIDEN NAME <i>Minnie Watkins</i>	
14. NAME OF HUSBAND OR WIFE <i>Stella F. Porter</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>381-094706</i>		17. INFORMANT <i>Stella F. Porter, Columbia, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Massive pulmonary hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Carcinoma of the lung</i> DUE TO (c) <i>6 months -</i>		INTERVAL BETWEEN ONSET AND DEATH <i>163X</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Coroner's</i> Death occurred at <i>approx 3 am</i> in the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Vincent P. Perera, MD Coroner</i>	
22b. ADDRESS <i>Harv. of Mrs. Mrs. Gentry</i>		22c. DATE SIGNED <i>6 May 59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>5/10/59</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Columbia</i>		23d. LOCATION (City, town, or county) <i>Columbia, Mo.</i>	
24. FUNERAL DIRECTOR <i>Mrs. Stuart Parker, Columbia, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>May 7, 1959</i>	
26. REGISTRAR'S SIGNATURE <i>Mrs. R.E. Palmer</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4220

P. O. Address Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.